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CLINICS.

Statistical Report of the Principal Operations performed in the London Hospitals during the Month of October.

Lithotomy.—The case left under treatment by our last report has since been discharged well; the boy's urine, however, still contains a small quantity of albumen, and he is subject to œdema of the face. During the month, 6 operations have been performed; of the subjects of these, 1 has recovered, 4 are progressing favourably, and 1 is dead. In the fatal case, the patient was aged 71, and two large angular stones had been removed. Death took place sixteen days after the operation, and the autopsy discovered inflammation of the cellular tissue of the pelvis, with some peritonitis. In one of the fatal cases mentioned last month, we had been misinformed as to there not having been a *post-mortem* examination. In addition to the previously conjectured disease of the kidneys, extensive

phlebitis was discovered, each iliac vein contained pus, and there were purulent deposits in both the lungs and the liver.

Lithotripsy.—A patient is under care in St. George's Hospital on whom Mr. Cutler has once performed lithotripsy. He is aged 68, and was operated on for the same disease ten years ago.

Herniotomy.—We accidentally omitted to state, respecting the five cases reported last month, that the sac had been opened in them all; as far as the operation and the intestinal lesion are concerned, they are all now recovered. This month, 10 operations have been performed. In 7 of these, the sac was opened, with the result of 5 recoveries, and 2 deaths. In one of the latter, the patient was a man aged 25; the hernia inguinal and strangulated for sixteen hours before operation. Death from peritonitis occurred on the third day. In the other, the patient was in a very exhausted state at the time of operation; constipation had lasted for a week, and there was stercora-

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ceous vomiting. The symptoms of strangulation were relieved, but death from debility supervened thirty hours afterwards. The autopsy disclosed no evidence of peritonitis, but the mucous membrane of the intestine was red and swollen. Of the 3 cases in which the sac was left *unopened*, one recovered, and two died. One of the cases which terminated fatally was that of a woman, aged 53, in whom a femoral rupture had been strangulated eleven hours. She was of intemperate habits, and in bad health. Death took place on the third day, some indications of delirium tremens having preceded it. Much chronic disease of the abdominal viscera was afterwards discovered, especially of the stomach. The second fatal case was that of an old woman, in whom an irreducible umbilical hernia had been attended with symptoms of strangulation five days before the operation. The stricture was freely divided, and the bowel easily emptied of its contents; but, in consideration of its having long occupied that position, no attempt at reduction was made. The bowels subsequently acted freely; but death took place, seemingly from exhaustion, on the fifth day. The *post-mortem* examination showed no peritonitis; the colon was loaded with feces, and the intestinal mucous membrane generally congested.

Operation for Artificial Anus.—In a case of complete obstruction of the rectum, from a tumour of the uterus, in the Middlesex Hospital, Mr. Moore performed Amussat's operation of opening the colon in the left loin. Great relief was at first afforded, and for several days the patient appeared to be doing well; she died, however, on the eighth day. The tumour was ascertained to have been of a carcinomatous nature.

Trephining of the Skull.—This operation has been performed in one case. After the death of the patient, a fracture of the base of the skull was discovered, in addition to the superficial injury.

Ligature of Arteries, etc.—In a case of aneurism of the right carotid in an old man, in St. Thomas's Hospital, Mr. Solly placed a ligature on the common carotid, low down. On the fourteenth day, the ligature came away; the patient had had no cerebral symptoms; the tumour was more solid; and the case altogether appeared to be doing very well.* In our recent series of aneurism

cases, we have already published the details of one in which, in St. Bartholomew's, Mr. Lloyd had tied the femoral artery for popliteal aneurism, and of another in which Mr. Holt, in the Westminster Hospital, had placed a ligature on the brachial, on account of analogous disease. Both patients are doing well.

In a case, in St. Thomas's Hospital, of secondary hemorrhage after amputation of the thigh for compound fracture, Mr. Simon placed a ligature on the femoral. The patient was so exhausted by the profuse bleeding, that transfusion of blood-serum had to be practised. The latter measure apparently produced very good effects; the man lived till the separation of the second ligature, when hemorrhage again occurred, and, in spite of the employment of the actual cautery, sufficed to terminate life. He was a drayman, and had been very intemperate.

One case of aneurism of the popliteal remains under treatment by compression. It is under the care of Mr. Hilton, in Guy's Hospital. The case mentioned last month, under the care of Mr. Erichsen, in University College Hospital, and that also under the care of Mr. Hewett, in St. George's, have each of them been cured.

Amputations.—Of the twenty-one cases left under care by last month's report, one has died from secondary hemorrhage (see above, *Ligature of Arteries*); the remainder are many of them cured, and the others are, with two exceptions, so nearly well that we need not again refer to them. There were performed, during October, sixteen amputations, out of which four of the patients are dead, two of the others are yet in a doubtful condition, and ten are recovering. Of the fatal cases, one was a secondary amputation of the thigh for compound fracture of the leg, in a stout, middle-aged man. Death from exhaustion resulted on the fourteenth day. In a second, death occurred on the third day after amputation of the leg for senile gangrene of the toes. In a third, amputation of the thigh for disorganized knee joint was performed, in a very debilitated woman, and the death was preceded by symptoms of incipient pyæmia; but at the autopsy, neither phlebitis nor purulent deposits could be discovered. In the fourth, under the care of Mr. Ure, in St. Mary's Hospital, the operation of removal of all the fingers of the right hand, on account of a crush, was delayed a day from the patient's refusal at

* This patient has died within the last few days.

first to submit to it. Tetanus resulted, and death took place on the eleventh day. Of the cases still in a doubtful condition, both are amputations of the thigh, one primary, the other secondary. In the latter, the patient, an Irishman, obstinately refused at first, although his knee-joint was laid open, to have the leg removed. After a month's delay, during which the joint had become utterly disorganized, and the health of the patient severely reduced, the operation was performed. The case is under the care of Mr. De Morgan, in Middlesex Hospital, and has progressed since the amputation more favourably than could have been expected. Of the nine which are recovering, three are amputations of the thigh, two for diseased knee-joints, and one a third operation, on account of a painful stump, the former ones having been below the knee; one of the leg, for a very large and inveterate ulcer, the persistence of which was seriously undermining the strength of the patient; one at the shoulder-joint, for compound fracture, with much crushing of the arm, under the care of Mr. Solly, in St. Thomas's Hospital. Three of the forearm; one for the effects of phlegmonous erysipelas, one for strumous disease of the carpus, and one primary for compound fracture; one primary amputation of the whole hand, excepting the thumb.

Excision of Bones, Joints, etc.—The cases reported last month continue under care. A partial excision of the elbow-joint has been performed by Mr. Solly, on a young man in St. Thomas's Hospital, who had suffered from scrofulous inflammation of the joint. The case is doing favourably. Resection of the wrist joint has been twice performed, and both patients are thus far doing well. In the first case, under the care of Mr. Erichsen, in University College Hospital, the heads of the radius and ulna, and the first row of the carpal bones, were removed. In the second, under the care of Mr. Fergusson, in King's College Hospital, the heads of the radius and ulna, and the whole of the carpal bones. Excision of the superior maxilla has been practised twice, and with very favourable issue in each case. In the first, under the care of Mr. Stanley, in St. Bartholomew's Hospital, the whole bone, with the exception of its nasal and orbital processes, was removed on account of a fibroid tumour, which had returned after a former excision. In the second, the disease requiring it was a tumour of suspected-

ly malignant character within the antrum; the operation was performed by Mr. Hancock, in the Charing-cross Hospital. In the same Hospital, the excision of parts of a diseased metatarsal bone has been successfully performed by Mr. Avery. Five important gouging operations have been done during the last month, in each case in the hope of avoiding the amputation of the affected member. In two of them, on account of extensive carious disorganization of the head of the tibia, a procedure in each nearly precisely similar has been adopted, and the whole of the softened cancellous bone, to within a very little of the articular cartilage, was freely scooped out. The patients are severally in King's College and Guy's Hospitals, and under the care of Messrs. Fergusson and Hilton. In Mr. Fergusson's case the progress has been hitherto satisfactory, but in the other a sharp synovitis of the knee-joint set in on the seventh day, and has since continued. In three cases, gougings of the os calcis, on account of carious disease, have been performed. In one, which occurred in St. Bartholomew's Hospital, Mr. Stanley was fortunate enough to discover and remove a small fragment of perfectly-detached dead bone, which had been closely encased in the centre of the affected calcaneum, and of the looseness of which no evidence had been afforded by the previous probings. In a fourth case, almost the whole of a much-diseased os calcis was removed by Mr. Holt, in the Westminster Hospital. The case was at first doing very well, but recently gangrene has attacked the wound, a disease just at present affecting several of the patients in that hospital.

Trephining Operation for Abscess in Bone.—A case is under the care of Mr. Simon, in St. Thomas's Hospital, in which the patient, a young man, had for many years suffered almost constant and severe pain in the head of the left tibia, attended also with some general enlargement of the bone. The trephine was resorted to. A dense and thick layer of bone having been cut through, some pus welled up, and the instrument and the plug having been removed, about half an ounce of well-formed creamy matter escaped from a circumscribed abscess in the middle of the bone. No necrosis was discovered. Mr. Simon stated, that he could distinctly feel the indurated walls of the cavity in all parts. The opera-

tion has been completely successful; the patient has had no more pain, and is now almost well, the cavity having filled with granulations.

Removal of Necrosed Bone.—Of the 18 cases left under care by last report, 10 remain so; the others have been discharged. During the month 14 operations have been performed; 3 of the patients have since sufficiently recovered to return home, and 11 are under treatment. The latter list includes one in which a necrosed portion of the left tuber ischii was removed by Mr. De Morgan, in the Middlesex Hospital; one in which a portion three inches long of the whole thickness of the shaft of the humerus was removed by Mr. Adams, in the London Hospital, and several others in which large portions of the tibia were removed.

Excision of Loose Cartilage from Joint.—A loose cartilage, of about twice the size of a filbert, was removed by direct incision over it, from the knee of a young man, by Mr. Lawrence, in St. Bartholomew's Hospital. The wound united by adhesion, and no bad symptoms followed.

Excision of Malignant Growths.—Of the cases previously reported 5 remain under treatment. Number of operations during the month, 14. Scirrhus of the breast, 6; recovered, 1; under treatment, 5. Medullary tumours in the neck, extending deeply, and adhering to the sheaths of the vessels, etc., 2. In one, the patient has since died, and in the other, although the wound has healed favourably, yet there is a very suspicious mass of induration forming. Epithelial cancer of the penis, 2; recovered, 1; under treatment, 1. Epithelial cancer of the lip, 5; all, excepting one, of which are yet under treatment.

Excision of Non-malignant Tumours.—Of the 16 cases left by last report, 8 are convalescent, and 7 remain under treatment. With regard to one of them, in which a large fatty tumour had been removed at St. Mary's, we were in error in stating that the patient was still under care, as it had ended fatally. Number of cases, 10: recovered, 4; under treatment, 6. Of these, 3 were sero-cystic tumours in the female breast, in which the whole gland was extirpated. In one of them, under the care of Mr. Ferguson, in King's College Hospital, it was the third operation for the same disease within nine months. One a case of fibrous

tumour of the breast, and another of chronic mammary tumour. Two were examples of fatty tumours. Two of large encysted tumours on the scalp, one of which was pendulous, and at least the size of a fist. One case of exostosis from the tibia, a little below the knee-joint. The operation was performed by Mr. Lawrence, in St. Bartholomew's Hospital, and the patient, a young man, recovered well. One case of epulis, and one of a peculiar kind of nasal polypus, in which the disease had returned after several removals, had bled profusely, and attained an enormous size. The patient, in the last case, is under the care of Mr. Cock, in Guy's Hospital. The front half of the tumour has been safely removed by ligature, but a large mass, extending back into the pharynx, still remains. We intend to publish the case at length.

Operations of Urethral Stricture.—The cases reported previously are still under care. In a case in the Middlesex Hospital, Mr. Shaw laid open into the urethra some perineal sinuses. The patient is still under treatment.

Paracentesis Thoracis.—The boy in St. Mary's Hospital, under the care of Dr. Chambers, in whom, with much temporary benefit, the right chest had been punctured on account of pneumothorax, has died since our last report.

In Dr. Bennett's case of empyema, in St. Thomas's Hospital, paracentesis, for the third time, has been performed by Mr. Le Gros Clarke, and the man's condition is much improved.

Paracentesis Abdominis.—For ovarian dropsy three times, after all of which the patients have done well. For ascites eleven times, nine times successfully, and twice followed by death. The case reported last month as in a critical condition has since died. In all the three fatal cases death was due more to the previously-existing disease than to the operation.

Ligature, etc. of Navus.—In the case in which the perchloride of iron had been injected, the tumour has much diminished in size, and does not appear to be any longer vascular; it is still under observation. Four cases have been operated on during the month, and, with a single exception, are still under treatment.

Tracheotomy.—Neither of the cases previously reported is yet able to breathe continuously without the canula, but they are

both of them much improved. The operation has been twice performed during the month, for purposes of artificial respiration in poisoning by chloroform; but, as our Reports have already shown, both patients died. Into the Middlesex Hospital, an infant eighteen months old was admitted, on account of acute laryngitis from a scald of the glottis. The dyspnoea became so urgent, that, eight hours after the accident, Mr. Grant, the house-surgeon, found it necessary to open the trachea. Great relief was afforded, but subsequently inflammation of the trachea and bronchial tubes supervened, and death occurred on the third day.

Fistula in Ano.—The last month's case remains under treatment. Three cases have been operated on during the month, one of which has recovered; the others are progressing favourably.

Puncture of the Bladder.—Death has occurred in the only case left on our report. The operation has not been performed during the past month.

Operation for the Cure of Ununited Fracture.—The case in which setons had been tried, is still under care; but it seems doubtful whether any success will attend it.

Plastic Operations—Hare-lip.—One operation for double, and five for single hare-lip, have been performed, all with success. In one case, under the care of Mr. Quain, in University College Hospital, and now cured, the operation had, on a previous occasion, failed to procure union.

Vesico-vaginal Fistula.—The cases previously reported remain under treatment.

Cicatrix after Burn.—One case, previously reported, has been discharged, not much benefited; a second remains under care, and, with three others since performed, is progressing favourably.

Prolapsus of the Rectum.—In a case of troublesome prolapse of the rectum, under the care of Mr. Johnson, in St. George's Hospital, a cure has been effected by snipping away portions of the mucous membrane. Since cicatrization no prolapse has occurred.

Employment of Caustery, etc.—The cases previously reported are still under treatment, and in one case of vaginal prolapsus in University College Hospital, Mr. Marshall has again made use of the galvanic caustery.

Operations for Cataract—Extraction.—Two cases have been successfully operated on by Mr. Hancock, in the Royal West-

minster Ophthalmic Hospital. *Absorption.*—The cases reported last month are doing favourably. One other operation by Mr. Paget in St. Bartholomew's Hospital has been performed.—*Med. Times and Gaz.* November 26, 1853.

CHOLERA.

There are abundant reasons for the apprehension that this country will be invaded, during the coming summer, by this fatal pestilence. Again it is on its march westward; it has appeared in many towns in England, in Paris, and also on board of ships on their passage to this country, and has even shown itself in our great shipping ports, New Orleans and New York. The cold of winter seems to have checked its march, but its history gives cause for fear that it will resume its destructive course with the return of warm weather.

Entertaining these impressions, we have thought it would be desirable that our readers should be kept fully informed of its progress, and of the means which experience shall point out as best calculated to guard against its invasion and to combat the disease when it appears. With this view we shall devote a special department of this journal to that object.

Notification in regard to Cholera.—The General Board of Health of England has issued the following notification on the 20th of September last:—

"It is the painful duty of the General Board of Health to notify a third visitation of epidemic cholera. This disease again, first breaking out in Persia, has extended within the present year over a large portion of Russia, stretching as far northwards as Archangel, on the shores of the Arctic Ocean; it has ravaged Denmark, Norway, and Sweden, and then developing itself in the north of Germany, it has attacked Stettin, Berlin, Rotterdam, and Hamburg; and subsequently it has appeared in England, again breaking out on its northeast coast, in the near neighbourhood of the town in which it made its first appearance in this country in 1831.

"In this wide-spread course it has everywhere overleaped the barriers which qua-

quarantine has erected to stay its progress; and where this means of protection has been most rigidly enforced, it has not only disappointed the expectations of those who have relied upon it as a safeguard, often to the neglect and exclusion of the most important precautions, but has aggravated the evils of the pestilence, and added disastrous consequences of its own.

"The experience already obtained of this pestilence at Newcastle, Gateshead, and Hexham, is decisive that where the conditions are favourable to its localization and development, as is the case in these towns, the disease has lost nothing of its former virulence. In the two former, indeed, the severity of the disease, as far as it has yet extended, has greatly exceeded that of any former visitation, and it has attacked in all those places, as it has abroad, a much larger proportion of the middle and higher classes.

"It is deeply to be lamented that the interval between the last visitation of this pestilence and the present has not been generally employed in effecting a larger amount of improvement in our cities and towns. From such inspections as the General Board have recently been enabled to make of the state of populous districts, the former seats of the disease, in apprehension of its reappearance, they are compelled to state that there are extensive districts, and even entire towns, in which no perceptible improvement of any kind has been effected. On the other hand, there are instances in which, even where no general permanent works of improvement have been effected, better supplies of water, extensive flagging, and paving, more frequent scavenging, and a more active removal of nuisances in epidemic localities have been accomplished. Combined and permanent works, involving elaborate engineering measures, capable of remedying the neglect of years, cannot be effected in a few weeks. But the consciousness of past neglect should stimulate to immediate and resolute exertion, that all which the time requires, and which can be done, may be done. The results, in some instances, even of limited and partial improvements, are highly encouraging. During the present epidemic in Hamburg, which has now been prevailing upwards of six weeks, only six cases of cholera have occurred in the improved parts of the town; and during the whole of the epidemic in the metropolis in 1849, not a single case of cho-

lera occurred in any one of the model dwellings for the poor, occupied by similar classes of the population, though the pestilence raged in the districts in which these buildings are situated, and there were instances of two and even four deaths in single houses close to their walls.

"Even in towns in which the greatest amount of improvement has been effected, and in which works under the Public Health Act are most advanced, much remains to be done, and may be done. Local Boards of Health are invested, under the Public Health Act, with ample powers for cleansing, for the removal of nuisances, for preventing the carrying on of unwholesome or noxious trades in such a manner as to injure health, for preventing the occupation of cellars as dwelling-houses, unless under certain conditions; for preventing the occupation of any dwelling-house which, on the certificate of an officer of health, shall appear to be in such a filthy and unwholesome state as to endanger the health of any person, until such houses have been properly and effectually whitewashed, cleansed, and purified; and for administering the Common Lodging-houses Act, the provisions of which are most important. All those powers should be exercised at the present juncture with extraordinary activity, vigilance, and stringency.

"But, though it may be needful to prosecute the work of cleansing more vigorously than in ordinary periods, yet it should be done under supervision, and with extraordinary care. In removing accumulations of filth, precautions should be taken for disinfection, and for preventing the increase of noxious evaporation. The contents of foul drains, sewers, and ditches should in no case be spread upon the surface, and no large accumulation of filth should be removed, excepting under the direction of a medical officer. The escape of noxious effluvia is far more dangerous in an epidemic than in an ordinary season.

"The evil of overcrowding, so general, not only in common lodging-houses, but in tenements of all descriptions occupied by the poorer classes, especially by the Irish—an evil preventable, and, to a considerable extent, removable—should be at once and by all practicable means reduced.

"Wherever local Boards of Health exist, they should in all cases co-operate with the Boards of Guardians; and it is believed that the Boards of Guardians will, on their part,

co-operate with local Boards. The existing means for the extraordinary service now required are divided among independent local jurisdictions; medical officers in England and Wales being under Boards of Guardians; works of sewage, and cleansing in towns, not under the Public Health Act, being under Town Commissioners, acting under local acts; and the enforcement of orders required for the public service being with the magistrates or municipal authorities. It is confidently expected that a common feeling will give precedence to the branch of service specially needed on this occasion, and insure that unity of action which it is the main object of the rules and regulations issued herewith to authorize and promote for the common object.

"Experience has shown that in the case of the actual outbreak of the epidemic, the chief measures to be relied on for checking its spread, are those which prevent overcrowding, remove persons from affected houses, and bring the infected population under prompt and proper treatment during the premonitory stage of the disease. During the epidemic of 1849, an organization for effecting these objects was brought into operation, the main parts of which were, the establishment of a system of house-to-house visitation, the opening of dispensaries and houses of refuge in affected districts for the gratuitous supply of medicines, the establishment of houses of refuge for the reception of such indigent persons as appeared to be in imminent danger, resident in the most filthy and overcrowded houses, the provision of temporary hospitals for the reception of those who could not be properly treated at their own homes, and in some instances the supply of tents for the removal of the most susceptible and destitute classes to a distance from infected localities. The result of this system was, that, out of 130,000 premonitory cases brought under its operation, no fewer than 6,000 of which were on the point of passing into the developed stage, only 250 went into the collapsed stage of cholera, or 1 in 520. But, of the 43,737 cases under visitation in the metropolis, including 978 cases on the point of passing into the collapsed stage of cholera, only 52 actually did so—not 1 in 800; so that, taking together the general result of this extended experience, it appears that the proportion of cases under early treatment which passed from the premoni-

tory into the developed stage varied from 1 in 500 to 1 in 800.

"No doubt is now entertained of the efficacy of this system, or of the duty of local authorities to carry it into effect on the very first appearance of this disease in an epidemic form; and, as none can tell where or how suddenly the pestilence may alight, it is the duty of local authorities to be prepared for the emergency before its arrival. Preparation will be attended with little cost; the power to act with promptitude and efficiency, when the necessity for action arises, will be attended with a great economy of money as well as of life.

"With reference to those precautions against the disease which each individual may take for himself, or the heads of families or establishments for those under their charge, the first in importance are personal and household cleanliness, and the freest ventilation of living and sleeping rooms with pure air; the purity of the air we breathe being even more essential than the wholesomeness of food and drink.

"When the disease has actually broken out and become epidemic in any district or locality, then the one essential precaution is not to neglect for a single hour any degree of looseness of bowels. This symptom being commonly without pain, and so slight that it is difficult to conceive that it can be of the smallest consequence, naturally leads to neglect, and this neglect has cost the lives of thousands. Were any additional proof of this required, it would be found in the events that are now occurring at Newcastle and Gateshead; all the medical men there bear testimony that premonitory diarrhoea is all but universal, and that life depends on an instant attention to this symptom.

"Thus, one physician says: 'He has never yet seen a case without premonitory symptoms.' Another states: 'He has found, in a great number of instances, where the men said they had been first seized with collapse, there had been neglected diarrhoea for twenty-four hours, or even forty-eight hours, or longer.' Another declares: 'In all cases of collapse investigated it is found there had been neglected diarrhoea.' Even in the cases in which death takes place with the greatest rapidity, the suddenness is apparent only, not real; for the fatal collapse is the final but gradual result of diarrhoea neglected for several hours, and sometimes

entire days. It must, then, be repeated, that, in any district in which cholera is epidemic, life may depend on obtaining prompt and proper relief for painless and apparently trifling looseness of the bowels.

"The measure of precaution next in importance relates to the proper regulation of the diet. Great moderation, both of food and drink, is absolutely essential to safety during the whole duration of the epidemic period; an act of indiscretion has been often followed by a severe attack; intemperance at such a time is fraught with the most extreme danger. During the epidemic of 1849, sudden and fatal attacks of the disease followed immediately on the indulgence of habits of drinking after the receipt of weekly wages. The intervals between the meals should not be long, cholera being uniformly found to prevail with extraordinary intensity among the classes that observe the protracted fasts common in Eastern and some European countries.

"The utmost practicable care should be taken against fatigue, which is a very powerful predisposing cause of the disease. Employers, and persons engaged in laborious occupations, should endeavour, as far as possible, so to arrange the amount and time of work as to avoid physical exhaustion.

"Warm clothing is of great importance. During the present epidemic in Hamburg, it has been found that incautious exposure to cold and damp has brought on an attack as rapidly as improper food or excess. This precaution against damp is rendered doubly important by the peculiarity of the present season. Long-continued and excessive rains have, in many places, surcharged the ground with moisture, especially undrained and low-lying districts; placing, in many instances, the land contiguous to towns, and beyond the usual range of town drainage, almost in the condition of marshes. The exhalations arising from a surface thus saturated often with water, holding decomposed matter in solution, spread to the towns, and affect the inhabitants, however well drained the immediate sites of the towns may be. The General Board were so apprehensive that disease would be extensively produced by this unusual and dangerous state of a large portion of the country (an apprehension which was subsequently realized by the breaking out of disease, allied in character to cholera, in 60 towns), that in their Notification, issued in December, 1852, they

represented to local authorities that this calamity afforded a special occasion for administering extraordinary assistance to the poor, to enable them to keep large fires in their rooms, to protect themselves from cold and damp by warm clothing, to sustain their strength by solid and nutritive diet, and to counteract the predisposition to disease induced under these peculiar circumstances by suitable tonics and other remedies, under medical direction. This representation was made when there was a threatening of the return of cholera; it is now among us, and the General Board would remind the affluent that the opportune supply to their poorer neighbours and dependents of wholesome food, warm clothing and bedding, and even such remedies (to be always in readiness) as their medical attendant may recommend for looseness of bowels, is charity in the truest sense, and may be the means of saving many lives. It is also much to be desired that the General Board would strongly recommend that the higher classes should co-operate with the clergy, who have done so much to promote the object of the Legislature under the Public Health Act, in making frequent visits among the poor, and impressing upon them the importance of following the instructions here laid down, with reference to which there is a perfect accordance between the College of Physicians and the General Board of Health.

"In conclusion, after the large experience of this disease which has been obtained since the General Board of Health issued their first Notification (1848), they can now repeat, with greater confidence, what they then urged—that, formidable as this malady is in its intense form and developed stage, there is no disease against which it is in our power to take such effectual precaution, both as collective communities and private individuals, by attention to it in its first or premonitory stage, and by the removal of those agencies which are known to propagate the spread of all epidemic diseases, or, where that may be impracticable, by removal from them. Though, therefore, the issues of events are not in our hands, there is ground for hope, and even confidence, in the sustained and resolute employment of the means of protection which experience and science have now placed within our reach.

"By order of the General Board of Health,
 "C. MACAULAY,
 Secretary."

Mortality from Cholera influenced by Elevation.—It was discovered during the epidemic cholera of 1848-9, in London, that the rate of mortality by that disease was nearly in the inverse proportion of the elevation of the ground on which the dwellings of the inhabitants stood. The same relation between the rates of mortality at different elevations, though the deaths have been comparatively few, has hitherto been observed in the present epidemic. The mortality from cholera in the districts at an average elevation of less than 20 feet above Trinity high-water mark has been 31 in 100,000 inhabitants; in the districts of an average elevation of 20 and below 40 feet (20—40 feet) the mortality has been 16 in 100,000; at an elevation of 40—60 feet the mortality has been 11 in 100,000; at 60—80 it has been only 4; at 80—100 only 3. Marylebone, at an average elevation of 100 feet, is the only exception to the law; the mortality has been there 13 in 100,000. At Hampstead, where the elevation may be put at 350 feet, there has hitherto been no death from cholera. Exceptional circumstances disturb the average in particular districts; but it is a general rule that the danger of dying of cholera, and of all plagues, diminishes within certain limits in proportion as the dwellings of the population are raised above the level of the sea.

Mortality by Cholera in the Houses of London at various Elevations.

Average Elevations in feet.	Population, 1851.	Deaths from Cholera in the houses during Oct. 29.	Deaths to 100,000 Inhab's.	
			Obs'd.	Calculated series.
350 feet	11,956	0	0	2
100 "	157,696	20	13	5
80—100 "	262,285	9	3	6
60—80 "	118,992	5	4	8
40—60 "	513,588	55	11	10
20—40 "	438,193	70	16	16
20 "	859,496	264	31	31
Under 350 "	2,362,236	423	18	18

The series, col. 5, was obtained by dividing 31, the rate of mortality in the lowest terrace, successively by 2, 3, 4, 5, 6, and 17, in conformity with the law laid down in the Report on Cholera, (p. lxiii.)—*Lancet*, Nov. 12, 1853.

Cholera in Paris.—The *Union Medicale*, for November 19, contains the announcement of some cases of cholera at Paris:—

"The first case in Paris occurred on the 11th of November. Since that time, several other patients, male and female, have been admitted into the different hospitals. Moreover, there have been observed some cases disseminated in the ninth and eleventh arrondissements. Some died; others, when heard of, were in a dangerous state. But for two whole days no new cases were admitted into the Hôtel Dieu. Premonitory diarrhoea was a constant phenomenon."

The *Union*, of November 22, contains the following:—

"The number of cases in Paris presents no alarming features. It has varied between five and nine a day since the appearance of the last number of the journal. A very few cases have come from the town; the patients admitted into the hospitals have come from the fifth, eighth, and ninth arrondissements. On the 21st (Sunday), there were fewer cases than on the preceding day."—*Med. Times and Gaz.* December 3, 1853.

Cholera in Berlin.—At Berlin, the cholera has carried off the whole of one family within 48 hours, in the persons of a highly scientific officer, Lieut.-Gen. Teichert, of the artillery, his wife, and 4 children.—*Med. Times and Gaz.* Oct. 8, 1853.

Preservative Power of Copper in Cholera.—Dr. ROUTH read to the Medical Society of London, a memoir from Dr. BURY, D. M. P., on the preservative power of copper in cholera. Dr. Bury is the author of a work on "Metallo-Therapica," and it was in carrying out experiments on this subject that his attention was first drawn to this influence of copper. He first related a case of cholera, which occurred in the Hôpital Cochin, in which the external application of a copper band arrested the cramps, and that unmistakably, as, on the removal of the copper plates, the cramps reoccurred. He found subsequently, on inquiry, that workers in copper and brass were remarkably exempt from cholera. This was the result of a careful and personal investigation in nearly all the metallic workshops in Paris in which from 100 to 600 (and over) workmen were employed. The individual workshops were given by name. In all these the mortality never exceeded 5 in 1,000, and in many it was actually null; and this in the midst of a neighbourhood in which the population was decimated. In-

deed, in many cases, the wives suffered while the workmen escaped. Dr. Bury was not satisfied with this result, but investigated the matter in other countries—Sweden, Vienna, Russia, Turkey, and England. In all, the same exemption was observed. In many cases, also, it was remarked, removal to a copper mine, or even district, arrested choleraic symptoms. The exemption of Birmingham, Sheffield, &c., he explained in this manner. The individual cases so tested amounted, in round numbers, to about 300,000. A review of all these facts led him to conclude: 1. That nearly all metals with strong electric affinities were in different degrees preservative; but, of all these, copper and steel were most so, the mortality being almost null among workmen engaged in working these two metals. 2. With a view of resisting cholera, he recommended the presence of copper and steel ornaments in rooms, as also plates worn next the skin on the body. 3. In the treatment of cholera, their internal administration, especially copper, in powder in the metallic state, as also application externally of plates.* These plates he calls armatures; these he prefers to the salts of metals. The memoir concluded with an attempt to explain these phenomena, which he did not believe depended on any electric or galvanic influences; indeed, these he considered rather noxious than otherwise. He suggested: 1. That, as in the production of ozone by phosphorus, an atmosphere affected by copper might be so modified that the cholera poison could not exist in it. 2. It might be due to minute absorption of oxide of copper by the skin and lungs, acting in a similar manner upon the system.—*Lancet*, Oct. 29, 1853.

Probability of Duration of Fatal Cases of Cholera.—Of 19,232 fatal cases of cholera (1849) in males, 315 terminated in 6 hours, leaving 18,917 alive; 3,030 died in the next 6 hours, leaving 15,887 alive at the end of the 12th hour; 4,965 died in 12 and less than 18 hours, leaving 10,922, or rather more than half the number of those who die, alive at the end of 18 hours. If a man is to die of epidemic cholera, it is probable that he will die in the first day (24 hours); as out of 19,232 males who die, 10,187 die within,

* These plates may be had of Mr. Weiss, Strand.

and 9,045 survive, that period.—*Registrar-General*.

SKETCHES AND ILLUSTRATIONS OF MEDICAL QUACKERY.

Advertising! A Peep Behind the Scenes!—The praises lavished by the press upon a certain pease-meal compound, designated by its vendors Revalenta Arabica, are familiar to newspaper readers. Few, however, may have reflected upon the origin and the price of these praises; and, indeed, till now, the data have not been sufficiently precise for the formation of accurate opinions on these points. We therefore believe that it may interest our readers to read the particulars of an instructive peep behind the scenes, which has been afforded by the *Scottish Reformer's Gazette*, a Glasgow newspaper, distinguished for its uncompromising exposure of quackeries and frauds in every form. In the *Gazette* of Saturday last (November 19), the editor communicates the following history, which is instructive to all who are not so well acquainted as we are with the impure mysteries of puffing and advertising.

Messrs. "Barry, Du Barry, and Co.," the pease-meal gentlemen referred to, forwarded to the editor of the *Scottish Reformer's Gazette* an advertisement, of nearly a column in length, announcing "50,000 cures without medicine, inconvenience, or exposure." They required the insertion of this advertisement upon terms and under stipulations stated in the subjoined letter.

"77 Regent Street, London, 7th Nov. 1853.

"To the Editor of the *Scottish Reformer's Gazette*, Glasgow.

DEAR SIR: For the sum of £10, we engage twenty-six insertions of the inclosed advertisement in your paper, in all editions, to appear regularly once every Saturday, commencing on the 12th instant, or this order is cancelled.

"The above price is to include a copy of the paper, with each insertion, regularly forwarded to us; and one of the twenty-six paragraphs, Nos. 1 to 26, here inclosed, is to appear simultaneously with each advertisement, till all the paragraphs have appeared, when the series is to be recommenced at No. 1.

"This order to be taken by you conditionally, that you comply with all the above terms; and that no attack upon, or allusion to, ourselves or our goods appear in any other shape in your paper than what we have ordered.

"We inclose a check for £5 on account, which please acknowledge.

"Faithfully,

"BARRY, DU BARRY, & Co."

The editor acknowledges the "inclosed check," by printing it along with the above letter. It runs thus:—

"Messrs. Alexander Duncan & Co., Glasgow, will please credit the *Scottish Reformer's Gazette*, five pounds on our account.—London, 10th Nov. 1853.

"£5. BARRY, DU BARRY, & Co."

The uniform and fearless honesty of our contemporary with regard to quackeries might, one might have supposed, have protected him from the offer of a bribe; but we are inclined to think that he only received a circular widely issued to the provincial newspapers, the venality of which is so well understood by deceiving advertisers, as to cause them to issue their bribes indiscriminately, and as a mere matter of trade routine. We lean to this view of the case, from several offers of a somewhat similar description having been made to ourselves. For example, an advertisement was lately sent for insertion in the *Association Journal*, upon condition that the editor inserted the following *morceau* "in his Notices to Correspondents:—

"C. J. The appliance of Mr. — is most useful, and has advantages possessed by no other."

Then, again, a firm of beer merchants, brought us editorial puffs from *medical journals*, of their system of doing business (which system, by the way, has led to an offer of five shillings in the pound), with a demand of similar compliments from us, as the *Association Journal* had been equally favoured with their advertisements.

Poisonous Puffs and Rascally Quacks—You may take up, or, what is of more consequence, your little boy or girl may take up, a newspaper, and read, on one side of it, a leading article which might be preached out of a pulpit; on the other side a series of turpitudes unfit for utterance under any circumstances. These atrocities are height-

ened to the point of perfection by the circumstance that they are the puffs of a set of rascally quacks, not the least mischievous of whose suggestions are the recommendations of their own medicines, poison for the body, which they vend to simpletons, whilst they disseminate mental poison gratis, both in the advertisements themselves, and in books which form the subject of them, in addition to other poisons. As the newspaper proprietors, whose journals are sullied by these putrescences, may be of opinion that the odour of gain, from whatever source derived, is agreeable, and therefore preserve them as rather fragrant than otherwise, the following exhortation has been addressed to their customers: "It rests with you, with you alone, newspaper-readers, to stop the torrent; and you can do it, without expense, and with but little self-denial. Let each individual that receives this appeal write without delay to the editor of the paper he reads, whenever he sees it defiled by one of these easily recognized advertisements, and say that, unless its insertion is discontinued, he cannot, in conscience, any longer patronize the publication. Whatever your station may be, you can do something; and the higher it is, the greater is your influence and responsibility. On country gentlemen rests mainly the persistence of the evil in provincial papers; they can, and we trust they will, stop it. Let, too, each one of you that are advertisers, be you publishers, men of business, authors, masters seeking servants, or servants seeking masters, refuse to appear any more in such company, and let it be known at the newspaper-office why you withhold your patronage." The above paragraph is extracted from the prospectus of a society which has been formed for the special purpose of suppressing this villanous puffery. The association is entitled "The Union for Discouragement of Vicious Advertisements," and we hope it will succeed in closing a channel of communication which has all the qualities, except the utility, of a gutter.—*Punch*.

MEDICAL NEWS.

DOMESTIC INTELLIGENCE.

A Man who has slept Five Years.—The following curious narrative is said to be

drawn up by Dr. F. TUTHILL, and its correctness is vouched for by the editor of the *New York Medical Gazette*. We see it stated in some of the late papers that the subject of this account has very recently died.

"We called yesterday to see the man who has been asleep for five years, and whose case was detailed in the *Times* some weeks since. We found him in what seemed like a sound sleep. He was lying in bed, his eyes nearly closed, his respiration rather slower than is usual, his breathing a little stertorous, pulse some seventy-five strokes in a minute, soft and weak. On attempting to open his eyes, he firmly closed them, and when, by force, the lids were opened, the eyes were rolled upward, so that it was impossible to see the pupils. The mouth was slightly opened; on attempting to open it wider, the jaws were instantly locked. There was a constant tremor of the eyelids, and from the mouth there was some drivelling. His body was extremely emaciated; his arms were folded upon his breast, and any attempt to remove them was strongly resisted. The muscles seemed rigid and tense when the effort was made, and, indeed, it was impossible, without violence, to change at all the position of his limbs. Once during our stay, he drew a long breath, like a man who is about to turn in his sleep. At another time, he hitched himself up a little in bed. He was lifted up bodily and seated on the side of the bed; his head was still bent forward on his chest, his legs crooked under him at the same angle, and his arms folded as when he was lying. There was nothing to indicate that he would not retain the same position for weeks. We lifted one foot; the other came up with it. There was little or no bending at the knee or at the hip; the feet were raised only as the upper part of the body was carried backwards. He was placed standing upon the floor. It required a few moments to balance him exactly; after that he stood in the same position so long as we remained; there was nothing to indicate that he would not maintain the same posture for a month.

"This certainly is a most marvellous case. There is not the slightest chance for any collusion or deception in the matter. Many of our best physicians have examined him—none, so far as we can hear, believe any deception in the case to be possible. From

physicians in the western part of New York, and from men of the highest standing, we are assured that the story which is told of him is perfectly true.

"His name is Cornelius Vroman; he was born in Schoharie County, but has lived, since he was seventeen years of age, in Clarkson, Monroe County, not far from Rochester. He was a hard-working man, a good worker, temperate, trusty, and, at the time when his strange sleep came on, he was working on the farm of Mr. Moses Jennings. His mother is dead; he has a father and two brothers living in Clarkson. On the 19th of June, 1848, he felt unwell enough to call in Dr. John S. Cole, who found him complaining of some pain in the stomach and in the head, for which he prescribed. After this, without becoming any more sick, his sleep each night grew longer, until at last it was found impossible to wake him. Out of this sleep he has never come, to remain wakeful for more than sixteen hours at a time; and the aggregate of all his waking hours since the seizure is not over three days. At first they were oftener, but now the waking intervals recur about every six weeks. The last time he awoke was while he was in Rochester, some ten weeks since, which gives us a hope that his waking-hour now approaches, and that we may see him in his wakeful condition. When awake, he seems totally unconscious of his peculiarity, and has said some things which indicate that he remembers matters as they were before his change. They say that he straightens himself up then, and walks as limberly as others. Yet now, to handle his limbs, we fear that they must be partially ankylosed. But on this point we are not satisfactorily informed.

"His diet consists principally of milk, sometimes with a little bread soaked in it. It is with some difficulty that it can be administered. The jaws must be forced open as in tetanus, and the liquid poured in between his teeth. Once, he went without any food for five days; but his friends objected to any further conduct of the experiment, though there was no change in his symptoms during that time. When the seizure occurred he is said to have weighed 160 pounds; now, he cannot weigh over 90 pounds. His height is six feet two inches. The secretion of the kidneys is discharged once or twice a day; it is very high coloured, and not much diminished in quantity.

Possibly it is from habit, possibly from some remains of consciousness, that in this matter he is subject to the wishes of his attendants. The alvine evacuations are very scanty, occurring not oftener than at intervals of from six to twenty days.

"Once he was left standing for three days; there was no change in his position during that time."

Donation to Harvard College.—Dr. GEO. S. SHATTUCK, of Boston, has made the munificent donation of fourteen thousand dollars to Harvard College, for the purpose of placing on a permanent foundation the professorship of morbid anatomy in that Institution. The professorship, by a vote of the President and Fellows of the College, is to be called the "Shattuck Professorship of Morbid Anatomy."

State Medical Society of Delaware.—At the annual meeting of this Society, held June 21, 1853, at Dover, the following delegates were elected to represent the Society at the next meeting of the American Medical Association:—

For New Castle Co.—Drs. Askew Cooper and Thomson.

Kent.—Drs. Clark, Mitchell, and Moore.

Sussex.—Drs. Hall, Maule, and Wolf.

The Peninsular Journal of Medicine and the Collateral Sciences.—This is the title of a spirited journal edited by E. ANDREWS, M. D., Demonstrator of Anatomy in the University of Michigan, and published monthly at Ann Arbor. It contains some piquant articles on quackery, by "Corporal Bullhead, of the army of Quackkillers," who appears to be a descendant of Captain Bobadill, whose scheme for destroying the enemy is certainly very analogous to that of his great prototype, and appears to be equally plausible. Most ardently do we wish him success, and cheerfully would we shed the last drop of our ink to aid him in his laudable enterprise.

Infirmiry for the Treatment of the Accidents of Parturition.—We are happy to learn that Dr. J. MARION SIMS, formerly of Montgomery, Alabama, whose writings, and especially his valuable paper on the treatment of vesico-vaginal fistula, published in the *American Journal of the Medical Sciences*, has gained for him much

reputation, has been relieved from the disease which has disabled him for several years, and that he is now restored to health and usefulness.

He announces that he has selected New York as his future place of residence, and opened there an Infirmary for the treatment of the accidents of parturition, such as injuries of the bladder, rectum, perineum, &c., and that he has made arrangements for the accommodation of patients from a distance, by which they may enjoy the comforts of home.

His address is 79 Madison Avenue, New York.

American Medical Association.—The seventh annual meeting of the American Medical Association will be held in the city of St. Louis, on Tuesday, May 2, 1854.

The secretaries of all societies and of all other bodies entitled to representation in the Association, are requested to forward to the undersigned correct lists of their respective delegations as soon as they may be appointed; and it is earnestly desired by the Committee of Arrangements that the appointments be made at as early a period as possible.

The following are extracts from article second of the constitution.

"Each local society shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half of this number. The faculty of every regularly constituted medical college or chartered school of medicine shall have the privilege of sending two delegates. The professional staff of every chartered or municipal hospital containing a hundred patients or more, shall have the privilege of sending two delegates; and every other permanently organized medical institution of good standing shall have the privilege of sending one delegate."

"Delegates representing the medical staffs of the United States Army and Navy shall be appointed by the chiefs of army and navy medical bureaux. The number of delegates so appointed shall be four from the army medical officers, and an equal number from the navy medical officers."

The latter clause, in relation to delegates from the army and navy, was adopted as an amendment to the Constitution at the

last meeting of the Association, held in New York, in May, 1853.

E. S. LEMOINE,

One of the Secretaries, St. Louis.

The medical press of the United States is respectfully requested to copy the foregoing.

OBITUARY RECORD.—Died, at Port Gibson, Miss., Dr. D. D. Irwin.

At a meeting of the Physicians of Port Gibson, Claiborne County, Miss., Nov. 24, 1853, it was

Resolved, That the members of this meeting wear the usual badge of mourning for thirty days, as a mark of respect for the memory of our late friend and brother, Dr. D. D. Irwin (who died of yellow fever in this town, September 26, 1853), and that this resolution be published in the *American Journal of Medical Sciences*, Philadelphia, and the *Medical and Surgical Journal*, New Orleans. Signed by

R. W. HARPER, *Pres't.*

W. McN. RUSSELL, *Sec'y.*

FOREIGN INTELLIGENCE.

Influence of Human Effluvia in the Production of Disease. By R. D. GRAINGER, Esq.—According to my own opportunities of observation, the most injurious of all causes operating in the diffusion of epidemic diseases are the effluvia proceeding from the human body, and especially from the lungs and the skin. The special deleterious agent consists of the effete, and as it has been proved experimentally, highly putrescent organic matter, mingled with the expired air. That it is, when reintroduced into the living body, liable to be highly injurious, may be inferred from the fact of the careful provision made by nature for its incessant elimination from the system. That it is small in amount is no objection to the intensity of its action; for, to the physiologist, it is well known that a minute quantity of a powerful agent—the putrid matter introduced on the point of a needle in the inspection of a dead body—a single drop of concentrated prussic acid placed in the mouth of an animal—is sufficient to destroy life. It is in overcrowded bedrooms, in unventilated schools, workhouse dormitories, &c., that this effete matter taints the

air, and, entering the blood, poisons the system. That the remarkable diminution in the amount of carbonic acid evolved from the lungs, where persons, as in crowded and unventilated apartments, breathe an impure atmosphere, acts in such cases injuriously, admits of no doubt; but the evil, *quodd* the development of fever, scarlatina, cholera, and so forth, depends on the organic and not on the chemical products of respiration. As one indication of this, it may be explained that it is possible, under certain circumstances, to observe the action of the former when separated from the latter. As soon as the expired air quits the body, the matters of which it consists have a tendency to separate; and as regards the two substances under consideration, the carbonic acid mixes with the atmosphere on the principle of diffusion, whilst the animal excretion, no longer held in solution by the colder external air, is deposited, and particularly clings to woollen articles, as bedding and clothes, which last, as it is well known to medical men, clergy, and others, will often retain for hours, or even longer, a foul smell from this cause alone. When this matter from neglect is allowed to accumulate, it will affect the health. An instance of this was mentioned to me by the surgeon of a large pauper school, where the health of the boys was decidedly improved, by substituting for the usual dress, clothes capable of being readily washed.

It is, however, familiar to all practitioners that human effluvia especially exhibit their poisonous influence when either multitudes of human beings are crowded together, or where a smaller number are placed in confined and unventilated sleeping places. Many instances of the influence thus excited on all kinds of epidemic disease have come under my notice; but only a few illustrative examples can here be adduced. In making these selections, it will be my object to present instances which, as far as possible, display the operation of some one individual agent; for when, as usually happens among the poor, a multitude of unfavourable conditions are present, it is extremely difficult to define and demonstrate the deleterious agency of each.

The following case illustrates the effects of overcrowding, in respect to cholera: During the epidemic of 1849, the inmates of a reformatory establishment for young women suffered intensely from the pesti-

lence; 40 out of a total of 96 being attacked, and 15, or rather more than 15 per cent., dying. Now, these poor sufferers were previously in perfect health; they were well fed, well clothed, and, in short, carefully tended; but the dormitories were low and much crowded; the windows, for the sake of seclusion, were partly blocked up, which greatly interfered with the ventilation. After a careful examination, I could detect no other cause than this for the sudden outbreak, occurring at a period when there was little cholera in the neighbourhood.

As regards the influence of overcrowding on the development of low fever, I may appeal to the experience of every medical practitioner whose duties call him much among the poor. It matters not whether we speak of the closely-packed common lodging-house; of rows of houses built back to back; of the small, unventilated, and often single sleeping apartment of the mechanic; or of the ill-built cottages of the rural districts, with their one bedroom, overhanging thatch, and small lattice; wherever, either from numbers or the want of ventilation, we have the fetid, sickening air generated by human effluvia, there, assuredly, we shall find fever. Although observed especially among the poor, fever as it occurs in this country is not, however, essentially dependent on poverty and destitution; want may, indeed, aggravate the evil, and actual famine (as we unhappily saw a few years ago in Ireland, and in the inhabitants of Ireland who fled to the manufacturing districts of England) may give immense development to typhus; but, that persons well fed, living in comfort, and in strong health may suffer severely from low fever, is shown by a large experience.

One of the best illustrations, perhaps, is furnished by the sailors belonging to the collier vessels frequenting the Thames. These men, as a body, are in the prime of life, robust, and well fed; but, as I found, by examining many of these vessels, the place where they sleep, the fore-castle, is excessively small and confined; with this serious additional evil; that as the hatchway is usually flush with the deck, it becomes necessary, whenever there is much sea, to close it down, when the unfortunate sailors must be without any window, as if shut up in a close box. When, too, the vessels come to London, as only one man is required to keep watch at night, all the

sailors are crowded at the same time into their closely-packed berths. Some years ago, the attention of Mr. Busk, the distinguished surgeon of the Seaman's Hospital Ship, was attracted to the large number of typhus cases which were admitted, amounting in 1841 to 147, and in 1842 to 167; and to the fact that, of all the vessels in the Thames, the colliers were most subject to fever. In investigating this question, I could detect no other cause than the polluted air which these men must have breathed in the confined fore-castle. That there is nothing connected with a sailor's mode of life to expose him to typhus, is proved by the experience of well-managed vessels; and as one among the many proofs which might be adduced, I may mention that Mr. Clark, who made ten voyages to India, as surgeon to Messrs. Green's fine vessels, never had a single case of typhus.

To those who are practically acquainted with the poorer parts of populous towns, it would be needless to point out that the common lodging-houses inflict an almost incredible amount of evil on the community. They are the common foci of all epidemic diseases; they frequently are the means of introducing smallpox into the locality where they are situate, and they are a never-failing source of expenditure to the parochial authorities. Although other sources of sickness may prevail, filth, neglect, and destitution (this last, however, by no means so often as supposed), the one prevailing evil and special characteristic is enormous overcrowding, carried to an extent which those unacquainted with the subject can scarcely even in idea realize. In the recent valuable report of Captain Hay, the Commissioner of Police, appointed to superintend the carrying out of the Lodging-House Act in the metropolis, and to whom so much credit is due for carrying into operation a difficult and novel measure, some remarkable illustrations are given. In one eight-roomed house, 103 persons, the population of a hamlet, were herded together; in one room, 14 feet 6 inches square, thirty-seven people were found lying huddled together on the floor. In many of these instances, the space for each inmate could not have been more than 40 cubic feet; whilst the lowest amount required for health in a sleeping-room is 500 cubic feet, or twelve times the amount. My own experience corroborates these statements of Captain Hay. On en-

tering some of these deplorable places, I have found every possible space occupied by men, women, and children; and an atmosphere so fetid as to be almost overpowering to a stranger; causing, indeed, in some instances, nausea and actual vomiting.

That persons habitually breathing an air thus polluted by poisonous exhalations should become the victims of zymotic disease, can excite no surprise. As to low fever the amount is enormous. I had occasion, two years since, to examine some of the courts in Gray's-inn lane, and in one of them was a lodging-house in which alone twenty cases of fever had occurred in two months. Another and more marked instance was lately mentioned to me at Leeds, in which seventeen cases of typhoid fever were, about two years since, received in one week at the House of Recovery from two of these lodging-houses; the cost to the parish for this week's work being £50.—*Dub. Med. Gaz.* Sept. 7.

Importance of Pure Air.—The venerable Dr. FARRE, of London, thus forcibly points out the importance of pure air:—

"In an examination before a Committee of the House of Commons on the 7th of August, 1832, I had occasion to state the relative value of pure atmospheric air, as vital food, to the grosser aliments of bread, flesh, and water.

"If a human being be deprived of these aliments, he dies in a period varying from eleven to nineteen days; but, if atmospheric air be excluded from his lungs, he dies in one minute; therefore, the relative value of atmospheric air to water, bread, and flesh, is as fourteen days to one minute, and the deterioration of the atmosphere in which human beings are residing, produces a deleterious effect on life in proportion to that deterioration."—*Med. Times and Gazette*, Nov. 12, 1853.

Existence of Syphilis in France in the First Century of the Christian Era.—M. BECQUEREL communicated to the Medical Society of the Hospitals of Paris the inductions of an antiquary of the Côte d'Or, who, in the ruins of a temple situated near the source of the Seine, where it was the custom to take baths, met with a number of inscriptions, ex-voto, attesting the cure of different diseases of the genito-urinary appa-

ratus by the use of the waters. These *ex-voto* were lithographed, and they were seen to record examples of tumours of the scrotum, of buboes, of destruction of the penis, and of other alterations which might be referred to syphilis. If these conclusions be correct, it establishes the fact of the existence of syphilis in the thirtieth year of the Christian era. A commission, consisting of MM. Legendre, Requin, Becquerel, and Gillette, was appointed to examine the evidence.—*Ibid.* from *L'Union Méd.*

Nichols's Newly-invented Elastic Adhesive Plaster.—This is an improvement in some respects, as adapted to certain cases, on the old adhesive plaster. The adhesive material being spread on an elastic fabric, manufactured expressly for the purpose, the plaster possesses a great degree of elasticity, and allows a free expansion and contraction of the muscles, whilst the circulation is unimpeded. No external bandaging is required. It seems particularly applicable to wounds and sores on the face or hands; or it may be moulded to, or laid on, any prominence or cavity. It is tinted of any colour, and is manufactured in fabrics of silk, cotton, or woollen, and of any strength.—*Lancet*, Oct. 29, 1853.

OBITUARY RECORD.—Died, lately, in Italy, Prof. KRAMER, of Milan, a distinguished chemist. This event has given rise to the mistake which has been made in some of the foreign journals, of announcing the death of Dr. Kramer, of Berlin, the author of a well-known work on diseases of the ear.

Todd and Bowman's Physiological Anatomy and Physiology of Man.—The delayed appearance in London of the conclusion of this work prevents our continuing it during the present year, the *News* for 1853 having contained all that has yet been published. As soon as the remaining portion is issued, it will either be resumed in our columns, or else published separate in mailable form, by which it can easily be procured by subscribers. Of this, due notice will be given.

Subscribers for 1853, who do not possess the commencement of this work (Parts I, II, and III, embracing the first 552 pages), can obtain it, in one volume, free of postage, by mail, on remitting \$2 50 to the publishers.